

# WASHINGTON BOROUGH Lil' HOOPSTERS CLINIC Summer 2020

Kindergarten through 2<sup>nd</sup> Grade

Enrollment limited to 30 participants

**Non-Refundable Registration Fee: Early Bird price through July 23 - \$80 per participant\*. All Registrations received or postmarked after July 23 - \$90 per participant\*.**

**Make Checks Payable to Washington Borough.**

\* Fees Apply for all Boro Administered Programs up to and including the 2nd child (50% for 3rd child and no fee for 4th child and beyond)

**Shirt Size:** Youth Small Youth Medium Youth Large Adult Small Adult Medium

**Session #1 - Kindergarten & 1<sup>st</sup> Grade 6:30 – 7:00**

**Session #2 – 1<sup>st</sup> Grade & 2<sup>nd</sup> Grade 7:15 – 7:45**

**PLEASE PRINT CLEARLY Email is our primary way to communicate!**

Player's Name _____		Male _____	Female _____
Parent or Guardian Name _____		E-mail _____	
Date of Birth _____	Age _____	Grade _____	Phone # _____
Home Address _____		City/State _____	Zip Code _____

**THIS INFORMATION IS IMPORTANT!!**

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY CONTACTS: (Contact with Parent/Guardian listed above will be tried first)**

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

PLEASE LIST ALLERGIES/MEDICAL CONDITIONS OR ANY OTHER CONDITIONS THE COACHES SHOULD BE AWARE OF:

\_\_\_\_\_

\*\*\*\*\*VOLUNTEERS ARE ALWAYS NEEDED !!\*\*\*\*\*

I am willing to (circle one) coach assistant coach team mom/dad

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Borough Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities. We understand that our child cannot participate in this program until all Covid-19/pandemic illnesses forms have been signed and submitted to the Washington Borough Recreation Department

We agree to return any equipment issued to us and/or our child in as good conditions as issued, except for normal wear and tear or agree to pay replacement costs before we and/or our child will be eligible for future participation in Boro sponsored activities

**PARENT/GUARDIAN/PARTICIPANT PERMISSION: If I, or the emergency contacts can not be reached by phone I DO give my permission for the coaches to call a doctor, send to the hospital or doctor's office in case of an emergency.**

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Washington Borough Recreation Department 100 Belvidere Avenue; Washington, NJ 07882  
[www.washingtonboro-nj.org/recreation](http://www.washingtonboro-nj.org/recreation)

<<Office Use Only>> Fee paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_ Date \_\_\_\_\_

## **2020 ACKNOWLEDGMENT AND WAIVER OF LIABILITY**

### **NOTICE AND INSTRUCTIONS FOR COMPLETING THE BOROUGH OF WASHINGTON DEPARTMENT OF RECREATION'S ACKNOWLEDGMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM THE ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES.**

CAREFULLY READ THIS DOCUMENT AND THE ATTACHED ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A BOROUGH OF WASHINGTON RECREATION PROGRAM OR EVENT ("WAIVER").

THE ATTACHED WAIVER AFFECTS IMPORTANT LEGAL RIGHTS YOU, YOUR CHILD(REN) AND/OR YOUR OTHER FAMILY MEMBER(S) AND/OR DEPENDENT(S) MAY HAVE IN THE EVENT YOU, YOUR CHILD(REN), AND/OR OTHER FAMILY MEMBER(S)/DEPENDENT(S) BECOME EXPOSED TO, INFECTED WITH, OR SUSTAIN BODILY INJURIES AND/OR PROPERTY DAMAGE FROM HIGHLY CONTAGIOUS VIRUS(ES) AND DISEASES.

#### **I. Background and Purpose**

The Borough of Washington and the Borough of Washington Department of Recreation (hereinafter jointly and separately referred to in the attached WAIVER as the "BOROUGH OF WASHINGTON") sponsor(s) and offer(s) to the public the option of participating in or attending a variety of indoor and outdoor physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games, and instructional/training programs and camps (collectively referred to hereinafter and in the attached WAIVER as the "RECREATION PROGRAM(S)"). These RECREATION PROGRAM(S) are held on Borough of Washington property and other public and semi-public places that are accessible to large numbers of people on a daily basis.

Due to the ongoing COVID-19 pandemic, and until further notice, any adult age 18 or older wishing to enroll themselves, their child(ren) or any other dependent(s) family members into a BOROUGH OF WASHINGTON RECREATION PROGRAM, or seeking to otherwise voluntarily participate in a BOROUGH OF WASHINGTON RECREATION PROGRAM as a coach, counselor, instructor, referee, official, or volunteer, is required to complete, sign and return this WAIVER TO THE BOROUGH OF WASHINGTON RECREATION DEPARTMENT SECRETARY by no later than 2020, or the enrollment deadline set for the specific RECREATION PROGRAM in which participation/access is sought.

Enrollment and participation in any BOROUGH OF WASHINGTON RECREATION PROGRAM(S) and permission to access any BOROUGH OF WASHINGTON facilities/property and equipment to participate in or use at a RECREATION PROGRAM is expressly conditional on properly completing, signing, and returning this WAIVER in a timely manner.

**Access to and participation in any BOROUGH OF WASHINGTON RECREATION PROGRAM(S) and/or BOROUGH OF WASHINGTON facilities, property and equipment used in a RECREATION PROGRAM may be denied or revoked at any time for failure to properly complete, sign and return this WAIVER.**

#### **II. Acknowledgment of Agreement**

### **ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN**

**ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A BOROUGH OF WASHINGTON RECREATION PROGRAM OR EVENT**

I/WE, \_\_\_\_\_(hereinafter “I/WE), acknowledge and represent that I/WE am/are the parent(s)/legal guardian(s) of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(hereinafter referred to as the “PROGRAM PARTICIPANT(S)”)

By signing this WAIVER and initialing each page, I/WE acknowledge and agree that I/WE have been provided with, read and fully understand: (i) the Center for Disease Control’s (“CDC”) and the New Jersey Department of Health’s (“NJDOH”) information and guidelines for preventing/protecting against, and recognizing the signs and symptoms of, infection for SARS-CoV-2 (the virus that causes COVID-19) and the related illnesses and medical conditions called COVID-19 and Multisystem Inflammatory Syndrome in Children (“MIS-C”)(collectively the “PANDEMIC ILLNESSES”); and the BOROUGH OF WASHINGTON DEPARTMENT OF RECREATION’S “COVID-19 Operational Plan” for 2020.

I/WE further acknowledge, understand and agree that:

1. The CDC and NJDOH have determined that the PANDEMIC ILLNESSES are highly contagious viruses, diseases and medical conditions.
2. Exposure to or infection from these PANDEMIC ILLNESSES may cause serious permanent bodily injury, including respiratory failure, cardiac arrest, and death in healthy persons of all ages.
3. These PANDEMIC ILLNESSES are new. The standards and recommendations on how to prevent and protect against the risk of exposure to infection and the spread of these PANDEMIC ILLNESSES continues to change as more data becomes available.
4. These PANDEMIC ILLNESSES presently exist and remain prevalent throughout all areas of the State of New Jersey and continue to infect persons and spread throughout all counties and local communities, including the residents of the BOROUGH OF WASHINGTON.
5. These PANDEMIC ILLNESSES have a high probability of spreading to person(s) who are either in direct contact with, or in close proximity to (within about 6 feet or 2 meters) an infected person.
6. The CDC and NJDOH believe these PANDEMIC ILLNESSES are most likely to spread from person to person by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth; and from touching/contacting surfaces on which droplets containing the virus exist.
7. There is no known vaccination(s), immunization(s) or cure for these PANDEMIC ILLNESSES.
8. The CDC and the NJDOH maintain that the best way to prevent and protect against infection and/or spread of these PANDEMIC ILLNESSES is to self-quarantine and to avoid contact with other individuals, large gatherings and spending time in public places and buildings.
9. THE BOROUGH OF WASHINGTON and the BOROUGH OF WASHINGTON DEPARTMENT OF RECREATION sponsor(s) and offer(s) to the public the option of participating in or attending a variety of indoor and outdoor physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games, and instructional/training

programs and camps (“RECREATION PROGRAM(S)”) which are essential to the social, physical, educational and character development and the mental and physical health of the public.

10. Attending or participating in any BOROUGH OF WASHINGTON RECREATION PROGRAM poses an inherent risk of infection and a heightened risk of injury from and exposure to these PANDEMIC ILLNESSES regardless of the measures taken by the BOROUGH OF WASHINGTON: (i) to avoid close contact with other persons, including infected persons; (ii) to disinfect BOROUGH OF WASHINGTON facilities, equipment and public property; and (iii) to discover, contact trace, and quarantine infected persons and/or persons exhibiting signs and symptoms of infection of these PANDEMIC ILLNESSES.
11. Attending and/or participating in a BOROUGH OF WASHINGTON RECREATION PROGRAM may also increase the risk of exposure to these PANDEMIC ILLNESSES and the further spreading of these PANDEMIC ILLNESSES to other family members, PROGRAM PARTICIPANTS, and third persons.

By signing this WAIVER, I/WE do further acknowledge the contagious nature of these PANDEMIC ILLNESSES, and that an inherent and heightened risk of danger to infection and exposure to these PANDEMIC ILLNESSES exists for all PROGRAM PARTICIPANTS, persons and other participants attending any BOROUGH OF WASHINGTON RECREATION PROGRAM at this time. I/WE acknowledge and agree to voluntarily assume all risks that I/WE, the PROGRAM PARTICIPANT(S), and our other family member(s) may be exposed to or infected by these PANDEMIC ILLNESSES by attending or participating in any BOROUGH OF WASHINGTON RECREATION PROGRAM; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/WE understand that the risk of becoming exposed to or infected by these PANDEMIC ILLNESSES at a BOROUGH OF WASHINGTON RECREATION PROGRAM may result from the actions, omissions or negligence of myself and others, including, but not limited to the BOROUGH OF WASHINGTON officials, officers, employees, and volunteers; and other participants/attendees of the RECREATION PROGRAM and their families.

I/WE, on behalf of ourselves, the PROGRAM PARTICIPANT(S) and the other dependents of my/our household, I/WE voluntarily agree to assume all of the foregoing risks, and do accept sole and complete responsibility for any and all injuries, damage(s) and other losses to the PROGRAM PARTICIPANT(S), my/our other dependent(s), the other members of my/our family, and/or to myself/ourselves for attending or participating in a BOROUGH OF WASHINGTON RECREATION PROGRAM, including for all bodily injuries, disabilities, permanent disabilities, deaths, illnesses, damages, losses, claims, demands, liabilities, medical treatment and expenses, attorneys fees, costs of suit and/or expenses of any kind that is incurred in connection with attending or participating in any BOROUGH OF WASHINGTON RECREATION PROGRAM.

I/WE, on behalf of myself/ourselves, the PROGRAM PARTICIPANT(S), my/our other household members and/or dependents, HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, WAIVE AND HOLD HARMLESS THE BOROUGH OF WASHINGTON, BOROUGH OF WASHINGTON DEPARTMENT OF RECREATION, AND EACH OF THE BOROUGH OF WASHINGTON’S OFFICIALS, OFFICERS, EMPLOYEES AGENTS, VOLUNTEERS AND REPRESENTATIVES FOR AND FROM ANY AND ALL CLAIMS, DAMAGES, DEMANDS, LOSSES, LIABILITIES, ACTIONS, COSTS AND EXPENSES OF ANY KIND ARISING OUT OF OR IN ANY WAY RELATING TO THE ACCIDENTAL AND/OR NEGLIGENT EXPOSURE TO THESE PANDEMIC ILLNESSES FROM ATTENDING OR PARTICIPATING IN ANY BOROUGH OF WASHINGTON RECREATION PROGRAM(S).

I/WE UNDERSTAND AND AGREE THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THEBOROUGH OF WASHINGTON, THE BOROUGH OF WASHINGTON DEPARTMENT OF RECREATION AND THE BOROUGH OF WASHINGTON OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND REPRESENTATIVES, REGARDLESS OF WHETHER INFECTION FROM THESE PANDEMIC ILLNESSES OCCUR BEFORE DURING OR AFTER PARTICIPATION AND/OR ATTENDANCE IN ANY BOROUGH OF WASHINGTON RECREATION PROGRAM(S).

By signing this agreement, I/WE further acknowledge that I/WE have read and discussed with the PROGRAM PARTICIPANT(S) the provisions of this WAIVER and the dangers and risks associated with attending and/or participating in any of the BOROUGH OF WASHINGTON RECREATION PROGRAM(S); the PROGRAM PARTICIPANT(S) fully understand(s) and appreciate(s) these dangers and risks; and the PROGRAM PARTICIPANT(S) voluntarily wishes to enroll in, participate and otherwise attend the BOROUGH OF WASHINGTON RECREATION PROGRAM.

This WAIVER does not supersede, circumvent, or cancel BOROUGH OF WASHINGTON Recreation Department's Main Participation Agreement or Rules and Regulations.

If any part of this WAIVER is found by a court of competent jurisdiction to be invalid, the remainder of this WAIVER release from liability shall nevertheless remain in full force and effect and the offending provision or provisions severed here from.

I/WE, have read and accept the terms and conditions of this, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child(ren), and our respective heirs, personal representatives, estates and family members.

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Parent(s)/Guardian(s) Name(s) - Printed

Date

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Signature of Parent(s)/Guardians

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Signature of Program Participant(s)

Date

# **Washington Borough Recreation Parent Consent to use of Child's Images on the Washington Borough Website**

From time to time, the Recreation Program records digital images of players participating in youth sports activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community.

It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families ***no identifying information (name, age, etc.) will be included with any child's picture.***

## **Consent to use of child's Image on Washington Borough Web Site, Please check one box**

☐ Yes, the undersigned parent or legal guardian of \_\_\_\_\_ (player's name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting: RecSecretary@washingtonboro-nj.org.

☐ No, the undersigned parent or legal guardian of \_\_\_\_\_ (player's name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

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Signature of Parents or Legal Guardians

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Date

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Printed name of Parents or Legal Guardians

## PARENT CODE OF CONDUCT – Lil' Hoopsters Basketball Clinic

*New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Borough Recreation Department has established the following code for parents.*

I will show respect and good sportsmanship to all players, opposing players, coaches, referees and spectators. I will remind my child and members of my family not to be angry and critical towards players, coaches, referees or spectators and to show respect and good sportsmanship at all times. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I will not strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another person, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices. I will not have in my possession any tobacco, alcohol, illegal drugs, knives, firearms or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will not smoke or use any tobacco products at any game or practice. I pledge that my child is not using dietary supplements that could jeopardize his or her health.

By registering my child for the team, I have made a commitment for my child to attend practices and games and display good sportsmanship. I cannot expect my child to receive as much playing time as other players if I do not meet these commitments. I recognize that every child needs playing time and do not expect my child to play every minute of every game.

I understand that I can be immediately removed from a practice or game, and that I and/or my child can be expelled from the team for the remainder of the season, if I behave poorly or fail to follow any part of this pledge. I understand that failure to sign this document and the accompanying PLAYER CODE OF CONDUCT will automatically preclude my child from participating in sporting activities sponsored by the Washington Borough Recreation Department.

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Parent / Legal Guardian Signature

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Parent/Legal Guardian Name (Printed)

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Date

## PLAYER CODE OF CONDUCT – Lil' Hoopsters Basketball Clinic

*New Jersey law allows municipalities to establish sportsmanship and fair play codes of conduct for players, parents, and coaches. The Washington Boro Recreation Department has established the following code for players.*

I am playing sports because it is healthy and fun. I will always try to help my team be successful, but I also understand that losing can teach me valuable lessons, just as winning does. I will come to all games and practices full of enthusiasm, ready to learn, to improve my skills, and to try my hardest. By registering to play for this team, I have made a commitment to attend practices and games and display good sportsmanship. I understand that I cannot expect to receive as much playing time as other players if I do not meet these commitments. I also recognize that every child needs playing time and do not expect to play every minute of every game.

I will show respect and good sportsmanship to my fellow players, opposing players, coaches, referees and spectators. I will remind my family not to be angry and critical towards players, coaches, referees and spectators and to show respect and good sportsmanship at all times. I will try my best not to sound angry or frustrated when I give advice to my teammates. I understand that referees, players, and coaches try to do their best, but that they make mistakes just like I do.

I will follow the decisions of coaches and referees without criticizing them. I will not yell at, argue, spit, touch, shove, strike, kick, or threaten any coach, player, referee or spectator before, during, or after any game or practice. I also will not slam a ball or container, strike or throw any object or take any other act of aggression if I am upset at a coach, player, referee or spectator. I will not try to deliberately hurt another player, or deliberately behave poorly, at any practice or game. I will not use foul language or make abusive remarks or gestures to players, coaches, referees, and spectators at games and practices.

I will not have in my possession any tobacco, alcohol, illegal drugs, knives, guns or other weapons, or be under the influence of alcohol or illegal drugs, during any game or practice. I will also remind members of my family not to use tobacco products or alcohol during any game or practice. I also pledge that I will not take any dietary supplements that could jeopardize my health.

I understand that I can be immediately removed from a practice or game, and expelled from my team for the remainder of the season, if I behave poorly or fail to follow any part of this code of conduct. I also understand that if I and my parent do not sign this document, I will not be allowed to play on the team.

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Player's Signature

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Parent / Legal Guardian Signature



MY CHILD AND I HAVE READ AND OUR FAMILY AGREES TO ABIDE BY THE  
WASHINGTON BOROUGH CODE OF CONDUCT